

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 10, 2003

Re: IRO Case # M2-03-0796

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 47-year-old male who on ___ fell from a machine and caught himself by his hands. He developed left shoulder pain with pain in both elbows, and pain in his low back at that time. Lumbar spine films obtained two weeks later revealed no changes other than hypertrophic changes of a chronic nature. Shoulder surgery and bilateral ulnar nerve decompression in 2001 relieved upper extremity pain, and the primary problem became low back pain with extension into the left hip and to some extent into both lower extremities. An MRI of the lumbar spine on 3/18/02 showed an L4-5 disk protrusion to the left. A lumbar myelogram on 7/24/02 showed evidence of minor disk change with protrusion at the L4-5 and L5-S1 levels. Significantly, the treating surgeon interpreted this as showing a large disk rupture at the L4-5 level with evidence of instability. As mentioned by the designated

doctor who evaluated the patient, there is a difference of opinion between the treating surgeon and the radiologist. There also is a difference of opinion regarding the patient's physical examination in that one examiner showed no neurologic deficit that would support L4-5 disk difficulties, while the treating surgeon indicates that reflexes were depressed and there was weakness of the tibialis anterior muscle bilaterally. He also reported that straight leg raising was negative.

Requested Service

ALIF at L4-5, post fusion

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

I see nothing in the records provided for this review that would definitely indicate a rather extensive procedure at the L4-5 level. Even a simple procedure at that level is not thought indicated from the records reviewed. There is a significant difference of opinion between the examiners and between the radiologist and the proposed surgeon. The patient should be fully reevaluated by an independent surgeon.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 13th day of May 2003.